EXHIBIT 2

The	teauskys
And	hority
, Ku	

REPORT OF PERSONAL INJURY

	D 4
2	DTL.
Toy	AND LINE
· co	are Waters 2
200	

	Authority_	(ON SSA PRI	OPERTY)	
14	-	PASSENGER/PATRON	VECCEI FACE	
	Washing T.		VESSEL EMPLO	
		VESSEL PARKING LOT	TERMINAL AREA OTHER (Ex	plain Below)
	NAME:			
	MAILING ADD	RESS:	The second second	
	CITY:	STATE: 7IP	I provide a series	
	Date of Birth	/ 99 Marital Statue: -	CCA Comment	
	(Nearest relativ	e/relationship: (To be filed gut by Passancers Palmo	manta — Pà T	
	Name:	Addre	Das: 511	CHARLES .
1		RY: October 6, 2011	TIME: 1:45 AN	W/FM
J	MEGOW.	LOCATIO		
U	AESSET: WW T	Trip # MOON Terminal:	Parking Lot: Bus#	
Υ	1.72	The same and the s		
	Describe how in	Jury occurred:		
1	Dan	Forward T	Auta	
N	high	stephened on fin	ger (thrmb)	
0	Witness, If any:		Pursus Date: 10/	(/11
R M	Describe injuries	(6) - band thum	b - Carallina	6/1
A				
T	Was ambulance cate	17 N.O If YES, was injured party transported to hispi	lai? I YES, hospital name & address;	
ON	Did Injured party mak	e a statement as to cause of accident If YES, what state	ement and to whom?	
	CREW MEMBER Did the employee	EMPLOYEE: return to work? レ/ヘ, IIYES - When		
- 1	Additional remark			
	18 toen		ruising pooly	
Ļ	Injured Seeman m	ust sign here: 5/2	Date:	
	If Injury was on vesse Signature:	report is to be signed by Master of Vessel, otherw		11
bj	VICEN A.Shor	ROUTING: White - Human Res Canary - Injured Par	ources Office 16	700 (100

The Steam	skip
Authoria	4

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



All Marian and a	(WILLIAM FROM FROM FROM FROM FROM FROM FROM FRO	
PASSENGER/PATR	ON	VESSEL EMPLOYEES
VESSEL [PARKING LOT TERMINAL	
NAME:		
MAILING ADDRESS:	Linear Control of the last	
CITY:	STATE ZIF	PHONE #
Dale of Birth	72 Marital Status SSA	Occupation: 13/A
Nearest relative/relationship: (To be		وسرح
DATE OF INJURY: 1000.	2014 2011	IME: 10: 15 AM PM
VECCEI VIII & ala	LOCATION:	
VESSEL: MV_Cagle_T	rip #/ Terminal:	Parking Lot: Bus #
Describe how injury occurred:	igh conditions	
door to women	Boom hand	STEADIED hers
door slamm-d	son vight have	on door tran
Witness, if any:	5	t (Workland
		Date:
(17055, by role 213) al	SION ON Thomb	, minor bleading
	igured party transported to hospital? 125 . III	
Cottag Hann	1	co, mobiliti name & address;
Did injured party make a slatement as to cause	e of accident, Il YES, what statement and to wi	nom?
CREW MEMBER/EMPLOYEE: Did the employee return to work?	2/2	
Additional remarks:	If YES - When	
seated, stabiliz	ed, ice D	
njured Seaman must sign here:	242	Date:
Injury was on vessel - report is to be signed	1 by Master of Vessel, pilenwise Annal Annal	
Signature Soft Marce		ager or Supervisor. Date: 1 1/20/11
P	OUTING: White - Human Resources Office Cenary - Induced Party	

Pink - Preparer

NOV

REVISED 8-2005

The	teamship
Aut	hority
	rı

REPORT OF PERSONAL INJURY



Authority_	(ON SSA PROPERTY)
PASSENGER/PATE	VESSEL EMPLOYEES
VESSEL [PARKING LOT TERMINAL AREA OTHER (Explain Below)
NAME:	
MAILING ADDRESS:	
CITY:	TATE PHONE -
Date of Bir	Marital Status: MA SSA Occupation: 1/A.
Name: ±	Address:
	- 20/2 TIME: 19:20 AM (FM)
U VESSEL: MV FAGLE Other:	Trip # / Terminal: #44 Parking Lot: Bus # /
F LEADING OCITSIDE.	OR WAS LET 90 ON PASSENGER (SYR)
Witness, if any: <u>MOTHER</u> Describe injuries, if any: <u>Profit</u>	PINKIE PINGER BREEDING AND PRESIBLY
Was probudeness askeds Al Al	
CAPECOD HOSP	injured party transported to hospital? 455 II YES, haspital name & address: THE HUNIS INFO OZGOI
MOTHER & FATHER OF Q	se of accident, If YES, what statement and to whom? I'M STATEMENT.
PUEM WEMBER/EMPLOYEE:	J. Competition
Did the employee return to work? Additional remarks;	, If YES - When
Total Total Ing.	
Injured Seaman must sign here:	
	Dale:
Signature:	d by Master of Vessel, otherwise Agent, Manager or Supervisor. Position: Qale: 8/24/1
REVISED 8-2005	HOUTING: White - Human Resources Office Canery - Injured Party Pink - Preparer SSA 805

SSA 805

The	Steamship
	uthority.

REPORT OF PERSONAL INJURY



	ruthoray.		(ON S	SA PROPERTY)				
		PASSENGER/PA	NORT			VESSEL (JON	EMPLOYE	EES
	DX.	VESSEL	PARKING LOT	TERMINA	LAREA		THER (Expl	ain Below)
	NAME:	1792/NG 253	7/10/19/2					
	MAILING AD	DORESS:	MANAGE STATE	· ·				
	CITY:		STATE:	ALIPA CONTRACTOR	PHON	E.		
	Date of Birth		Marital Sta	atus: SS	А Оссир	ation:		ang.
	Nearest rela	live/relationship; πο	be tilled out by Passenge		5AM	E		
N		JURY: 9/3			TIME:	1350) AM,	PM) ·
U	VESSEL: M/V .	FAGIF	Trip # Term	OCATION; ninal:	Docking to			
R Y	Other: _							+I
	Describe low	injury occurred:	MARCH. AH	STANBARI	AFT	Eu	7 70	7
N	Finge	RS PILL	H ON IN	SLDE OF	-DOO	2.4	ILVGF	
FO	Witness, if any	: 11107146	-12	77	-0		. J.	
R M		161114	Reported	10-5000 1 1		Date:	9-3	-72
A	Avrised:	st DIGIT NAIL	Brusto 4	IN NUT NO	PTUY!	Vi DIP	Jea7	,
T			ras injured party transporte S SHELUIC	d lo hospiletz	If YES, hospe		tkiress:	
0 N	Did injured party m	aka a stalement as to d	cause of accident, II YES.	what statement and to	Mom?	THL	-	
	CREW MEMBE	R/EMPLOYEE:						
	Did the employe	e return to work?	, IfYES -	When				
ľ	Additional rema	rks:						
Ė	almod A.						-	
		must sign here:			Da			
S	ignature:	report is to be si	gned by Master of Vesse TIME FINTON	d, otherwise Agent, M Position:	enager or St	pervisor.	1/1/1	
RE	/ISED 8-2065		ROUTING: White - HI Canary - I Pick - Pre	iman Resources Office Nured Party parer	SEP 0 5 20	17	iA	SSA 805

The.	Steamship
Au	thority

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



NAME: MAILING ADDRESS: CITY: STATE: ZIP: PHONE # Date of Birth: 1 200 Marital Status; SSA Occupation: Nearest relative/relationship: (To be tilled out by Passengers/Patrons only) Name: Address: DATE OF INJURY: 8 / 14 / 13 TIME: / 225 A VESSEL: MIV EAGUE Trip # Terminal: Parking Lot Bus # Describe how injury occurred: AGUE Describe how injury occurred: AGUE Describe how injury occurred: AGUE Describe AGUE Description Date of Birth: 1 200 Marital Status; SSA Occupation: Ce//X LOCATION: TIME: / 225 AGUE Describe how injury occurred: AGUE Describe how injury occurred: AGUE Description) Explain Below
NAME: MAILING ADDRESS: City: STATE: ZIP: PHONE # Date of Birth: Nearest relative/relationship: (To be tilted out by Passengers/Pairons only) Name: Address: DATE OF INJURY: 8/14/13 TIME: 1225 ADDRESSEL: MIV EAGUR TO HY, IN HYPRINIS HARBOR Describe how injury occurred: AGUR DESCRIPTION TERMINAL AREA OTHER (I	Explain Below
NAME: MAILING ADDRESS: CITY: STATE: ZIP: PHONE # Date of Birth: 1 200 Marital Status; SSA Occupation: Nearest relative/relationship: (To be tilled out by Passengers/Patrons only) Name: Address: DATE OF INJURY: 8 / 14 / 13 TIME: / 225 A VESSEL: MIV EAGUE Trip # Terminal: Parking Lot Bus # Describe how injury occurred: AGUE Describe how injury occurred: AGUE Describe how injury occurred: AGUE Describe AGUE Description Date of Birth: 1 200 Marital Status; SSA Occupation: Ce//X LOCATION: TIME: / 225 AGUE Describe how injury occurred: AGUE Describe how injury occurred: AGUE Description	
Date of Birth:	
Date of Birth:	
Date of Birth:	
Name: DATE OF INJURY: 8/14/13 TIME: /925 Address: LOCATION. VESSEL: MV EAGUE Trip # Terminal: Parking Lot Bus * Describe how injury occurred: AGUE DESCRIPTION PARTITION THE PARTIES HARBAR Describe how injury occurred: Describe how	
VESSEL: MV EAGE Trip # Terminal: Parking Lot Bus * Other: UNDERWAY NAME TO HY, IN HYAMUS HARBAR Describe how injury occurred: AGUE DESCRIPTION FOR THE PROPERTY OF THE PROPE	M PM
VESSEL: MV EAGLE Trip # Terminal: Parking Lot Bus * Other: UNDERWAY NAME TO HY, IN HYAMUS HARBAR Describe how injury occurred: AGUE DESCRIPTION FOR THE PROPERTY OF THE PROP	IWI (FM)
SIDE, (RIGHT HAND) THE DOORWAY, 03 DECK	
Obscribe injuries if any. DOOR CLOSED ON THE FINGER TIPS, UNSTABLED INVESTIGATION OF THE FINGER TIPS, UNSTABLED IN SECURITY OF FORM HOSENEY WES WAS injured party transported to hoseney? WES WAS injured party transported to hoseney? WES WAS INVESTIGATION HOSENEY.	suce
CAPE COO HOSPITH HYES, was injured party transported to hospita? Yes, hospital name & address: injured party make a statement as to cause of escident HYES, which there are to where?	05/1. 121
REW MEMBER/EMPLOYEE: d the employee return to work? If YES - When	
Ucather: WNW WIND, 10-15 KNOTS, SEAS 1-2 for F	AIR
epared by SSA personnel James Cochett Position: CAPTAIN Date: 8/1	1/12
jury was on Vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	1.23
nature James anti-	1/10

5

. Steenship Lithority	REPORT OF I	PEHSONAL INJ A PROPERTY)	URY	
PASSENGERA	PATRON			EMPLOYEES
VESSEL	PARKING LOT	TERMINAL A	REA (o	THER (Explain Bolo)
NAME: ANAUDA A	RHOLD			
MAILING ADDRESS =	TH HENRY 5	T 76		6
CITY: HEW YORK	STATE DY	ZIP/0002		BRUTHERS.)
Date of Birth: 11 / 18	/84 Marital State	ZIFIOUD ST	PHONE # 34 7	
Mangagi relation (- 1 - 2	ividitial Stat	US: SSA	Occupation:	NO
Nearest relative/relationship:	TO DE 1918 DOUBLE PASSENGERS	Patrons only) Address:		
DATE OF INJURY:		T	IME:	AM/PM
VESSEL: MV ERGLE	Tup # Termin	CATIOLL nai p	arking Lot	Bus #
Describe how Injury occurred: BATHROOM DOLD	Crosto on	Two Fine	; ER	
BATHROOM DOOR	Closto od Reported i			a de l'écules de la company de
BATHROOM DOOR Wilness, Il any:		io:	p E-ft.	and a second
Witness, II any: Describe Injuries, II any: Was ambulance called? V25_, IFYES	Reported I	IO: BAD IS hospika? If hospika?	Date:	odres:
Witness, If any: Describe Injuries, If any: Was ambulance called? VOS., If YES	Reported to Fulfs. Cut	IO: BAD IS hospika? If hospika?	Date:	odres:
Wilness, II any: Describe Injuries, II any: Was ambulance called? VDS_, II YES Did injured party moke a statement as I Describe CLOSED	Reported I FING. CUT was injured party transported a cause of accident, if YES w ON FINGE	IO: BAD IS hospika? If hospika?	Date:	odres:
Witness, If any: Describe Injuries, If any: Was ambulance called? VOS., If YES Did injured party moke a statement as I Dook (LODED) CREW MEMBER/EMPLOYEE: Did the employee return to work	Reported I FING. CUT was injured party transported a cause of accident, if YES w ON FINGE	to hospkare the life of the whole statement and to who	Date:	odres:
Witness, II any: Describe Injuries, II any: Was ambulance called? VOS., II YES Did injured party mole a statement as I Dook (LODE) CHEW MEMBER/EMPLOYEE: Did the employee return to work	Reported I FIUE CUT was injured party transported a cause of accident, IIYES w	to hospkare the life of the whole statement and to who	Date:	odres:
Witness, If any: Describe Injuries, if any: Was ambulance called? Was ambulance called? Dook CLOSED CREW MEMBER/EMPLOYEE: Old the employee return to work Additional remarks:	Reported I File. Cut was injured party transported a cause of accident, if yes w on File cut I I YES - W	to hospital? He say he who who when the statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who who was a statement and to who who was a statement and to who who was a statement and the whole was a statement and the was a statement and the whole was a statement and the was a statement and the was a statement and the whole was a statement and the was a statem	Date: ES, hospital name & a LUTUCKET pm7	9dyest
Witness, il any: Describe Injuries, il any: Was ambulanor called? Was ambulanor called? Dook CLOSED CREW MEMBER/EMPLOYEE: Old the employee return to work Additional remarks:	Reported I File. Cut was injured party transported a cause of accident, if yes w on File cut I I YES - W	to hospital? He say he who who when the statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who when the say he was a statement and to who who was a statement and to who who was a statement and to who who was a statement and the whole was a statement and the was a statement and the whole was a statement and the was a statement and the was a statement and the whole was a statement and the was a statem	Date: ES, hospital name & a LUTUCKET pm7	od/es:
Witness, II any: Describe Injuries, II any: Was ambutanch called? YES., If YES Did injured party moke a statement as I Dook CLOSED CREW MEMBER/EMPLOYEE: Did the employee return to work Additional remarks:	Reported I FING. CUT was injured party transported ocause of recident, if YES w ON FINGE Pos signed by Master of Vessel	to hospital? His live to who when the statement and to who when the statement and to who when the statement are statement and to who when the statement are statement and to who when the statement are statement and to who	Date: ES, hospital name & a LUTTUC KE \ Date: Date: ager or Supervisor	9dyest

SSA 805